

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	11/14/00
2	✓	✓	11/14/00
3	✓	✓	11/14/00
4	✓	✓	11/14/00
5	✓	✓	11/14/00
6	✓	✓	11/14/00
7	✓	✓	11/14/00
8	✓	✓	11/14/00
9	✓	✓	11/14/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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